



Heritage Fund

ARIZONA GAME AND FISH DEPARTMENT  
Attn: Wildlife Grants Administrator  
Director's Office  
5000 W. Carefree Highway  
Phoenix AZ, 85086

Project # \_\_\_\_\_

(From Project Budget Worksheet on Page-3)

Heritage Dollars Requested: \_\_\_\_\_

Match/Donations Provided: \_\_\_\_\_

Total Anticipated Project Costs: \_\_\_\_\_

## HERITAGE FUND GRANT APPLICATION

To be eligible for a Heritage Grant an applicant must be in compliance with provisions of Title VI of the 1964 Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.

Applicant: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

County: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Office phone: \_\_\_\_\_

Fax: \_\_\_\_\_

NOTE: Please read the **Heritage Fund Grant Application Manual**. Using the **Funding Window Eligibility CRITERIA**, select **ONLY ONE** of the following sub-categories by placing an X in the appropriate box.

☐ **Environmental Education**

☐ **Outdoor Education** (Must include a Field-Trip Itinerary)

☐ **Schoolyard**

☐ **Urban Wildlife / Urban Habitat**

☐ **Public Access**

☐ **IIAPM** (Identification, Inventory, Acquisition, Protection and Management of Sensitive Habitat)

Project Title: \_\_\_\_\_

Project Location: \_\_\_\_\_

Legislative District(s): \_\_\_\_\_ County(s) of impact: \_\_\_\_\_

### BRIEF PROJECT SUMMARY DESCRIPTION (Maximum 600 characters with spaces)

The undersigned hereby offers and agrees to perform in compliance with all terms, conditions, specifications and scope in the application. Signature certifies understanding and compliance with the application attached hereto. Arizona Game and Fish Department may approve modifications to scope items, methodology, schedule, final products, and/or budget.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_



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**PROJECT NARRATIVE:**

- a.** Project Objectives/Action Plan. Explain how these meet one or more of the **Eligibility CRITERIA** listed within the **Funding Window** in the sub-category in which you are applying for.

- b.** Duration of Project:

Anticipated Beginning Date:

Anticipated Ending Date:

Milestones (Date/Description):

- 1.
- 2.
- 3.
- 4.

- c.** Describe your method and how you will measure progress and success of the project?

- d.** How will you promote/advertise this project and acknowledge the AZ Game & Fish Department Heritage Fund?

- e.** Please list your Local Community partners who support this project along with their contact information.



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## Project Budget Worksheet

Below is a listing of standard budget line items that must be itemized and justified. Please provide your project budget in this format and order. Although Match is not required, it is encouraged!

a. Time Period this budget covers: \_\_\_\_\_

Heritage Fund Dollars Requested: \_\_\_\_\_

Local Match and/or Donations: \_\_\_\_\_ (Highly Encouraged)

Total Anticipated Project Costs: \_\_\_\_\_

b. **Expenses:** include an itemized description and the total amount for each of the following budget categories, in the order depicted below:

EXPENSE	DESCRIPTION	Match/In-Kind /Donations	Heritage \$'s Requested
Personnel	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Development	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
<b>Total Expense</b>	_____	\$ _____	\$ _____



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### **PRIMARY CONTACT LIST**

Explanation

- Applicant must have three (3) members directed to oversee the grant project.
- Overseers must be committed for duration of the grant project time-line.
- Provide up- to- date contact information for all Overseers of the grant project.

#### **PRIMARY CONTACT #1**

Name \_\_\_\_\_ Title: \_\_\_\_\_  
Organization \_\_\_\_\_  
Project Role \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_ Postal code \_\_\_\_\_ County \_\_\_\_\_  
E-mail \_\_\_\_\_  
Mobile phone \_\_\_\_\_ Office phone \_\_\_\_\_ Fax \_\_\_\_\_

#### **PRIMARY CONTACT #2**

Name \_\_\_\_\_ Title: \_\_\_\_\_  
Organization \_\_\_\_\_  
Project Role \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_ Postal code \_\_\_\_\_ County \_\_\_\_\_  
E-mail \_\_\_\_\_  
Mobile phone \_\_\_\_\_ Office phone \_\_\_\_\_ Fax \_\_\_\_\_

#### **PRIMARY CONTACT #3**

Name \_\_\_\_\_ Title: \_\_\_\_\_  
Organization \_\_\_\_\_  
Project Role \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_ Postal code \_\_\_\_\_ County \_\_\_\_\_  
E-mail \_\_\_\_\_  
Mobile phone \_\_\_\_\_ Office phone \_\_\_\_\_ Fax \_\_\_\_\_

If there are changes during the grant period, Please notify Robyn Beck at [rbeck@azgfd.gov](mailto:rbeck@azgfd.gov)